MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY/ b. COUNTY Aro MARYLAND buriol, b. CITY OR TOWN (If ourside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d give nearest town) Or 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? the registrar prior for your files. YES NO M 3. NAME OF Find Middle DATE Lost Month Year DECEASED (Type or print) DEATH 19 5. SEX 9. AGE |In years 6. COLOR OR RACE 7. MARRIED EL NEVER MARRIED | 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS last birthday) Months retained Days Hours Min. WIDOWED [DIVORCED [0 yes. 57) 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ducing most of working life, even if retired) puo C pe oug inister 005 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 0 10 950 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (o) 4-22,2 DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. a Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(Q) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO. 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour O. 10. White Not while of work at work p. m. 21. I certify that I taak charge of the remains described above, held on Autopsy Inquiry X, and find that Inspection cute the certificate, writing forwarded to the Chief A O FUNERAL DIRECTOR; P. certificate, writing death resulted from: Notural causes F Accident , Suicide . Homicide . Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER DU 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMPTERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) 0 23. FWNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. ATSME(S) SM 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

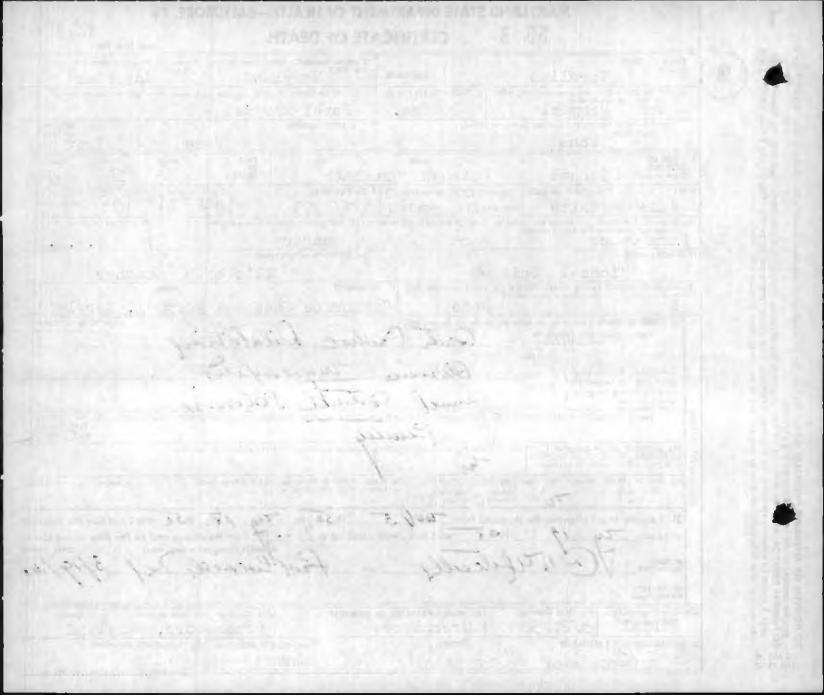
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5573

CERTIFICATE OF DEATH

05496

Reg. Dist. No.

	PLACE OF DEATH	Caroline		MARYL	- 11	o. STATE	aryla		lived. If instituti b. COUNTY	-	oli		ion)
· ·	RURAL ond give	(If outside corporate liminages! town) Marydel	ls, write	20 Yrs	1	Rural			ote limits, write R	URAL ond	give nea	rest town	1)
,	d. NAME OF HOSP OR INSTITUTION	None	ive street	address)	1	d. STREET AD			None				FARM?
	NAME OF DECEASED (Type or print)	Michael		Middle Caishek	Ches	haek		4. DATE OF DEATH	Mon	5	18	/	Yeor 1958
5. S	Male	White	7. MARE	NEVER MARRIED DIVORCED		/6/187	73		9. AGE in years last birthday) 85 yrs.	Months	Doys	Hours	R 24 HRS. Min.
I	USUAL OCCUPATE OWN OF WAR OWN	IION (Give kind of work orking life, even if retired NET		KIND OF BUSINESS OR None		Hung 4. MOTHER'S A	gary		untry)	12. CI		S.	COUNTRY?
13.		ichael Ca	aish	ek					beth	Sent	ner		
	WAS DECEASED EN	VER IN U. S. ARMED FOR (If yes, give war or doles of s	prvice[SOCIAL SECURITY NO.	Cat		e Che	shae	k Mary		Ma	ryl	and
	Conditions, if gove rise to couse (o), storin lying couse los	g the under: DUE TO)	Olerons Junel	Q	Tuy	lat a	lala uge Polis	Ding				
FICATION		THER SIGNIFICANT CON		1 0	uli	4			CONDITION GIV	EN IN PAR	RT 1(o) 1	9. WAS PERFO YES [PRMED?
	(IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	-	- Zy)	Y								
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	While		foctory	OF INJURY (He	ome, form, bldg., etc.)	20f. (City	ar town)	(County)		(State)
	21. I certify olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceas , 1905	lcully	death od		7 A.	M, from	the causes of the cause of	and on t	last so the da	te state	deceased abave
220	BURIAL CREMATI		_	Greensb		REMATORY			on (City, lown,		ryl	and	0)
23.(PUNERAL DIRECTO	R'S SIGNATURE	SP.	ADDRESS	. n	1 1		BY REGISTI	PAR 24b. REGI	/	GNATUI	RE	



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L EXA	ote, w	rded i	TOR: P	gent,		
EDICA	certific	FOTWO	DIREC	or its designated agent, priar to burial, cremation, ar removal, and in any event within 72 hours ofter death.		
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430 C	execu	4 shar	O FUN	or its		

VS. A15ME SM 2/57

				L EXAMIN					DEATH	18 Reg. 0	-	54	97
	PLACE OF DEATH	roline		MAI	YLAND	2. USUAL RESIE	4.4	vhere deces	sed lived. If institu	-	ence be		ission)
	and give cegres! lown!	outside corporate limits, write burg - Rur		c. LENGTH OF STA		c. CITY OR T			porate limits, write urg - Ru	_	d give n	earest la	wn)
		on Branch R		spitol, give street oddr	ess)	d. STREET AD		on Br	anch Road	i		ON	A FARMS
	NAME OF DECEASED (Type or print)	Alber		Middle		Crouch		4. DATE OF DEATH	May	h	2 Day		958
	ale	6. COLOR OR RACE Negro	7. MARRI WIDOWE	ED THE NEVER MARRI		April 2	190)5	9. AGE fin years loss birthdays 53 yrs.	IF UNDER	1YEAR Doys	Hours	ER 24 HRS. Min.
	Day 1	N (Give kind of work of life, even if retired)	iane 10b.	kind of Business of Canning Fa	ctory	Green	asbor	o, N.	C.		J.S.		COUNTRY
13.	Noah Cro	nuch				14. MOTHER'S M	4		ome unkn	own)			
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	tervice)	SOCIAL SECURITY NO 18-14-4823		FORMANT			ederalsb		lary	land	
		liate cause	(Porono	ny o	Throm Tuento-	bo	sis cy			1 4-	Treese	
CERTIFICATION	PART II, OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	ER SIGNIFICANT CON		E HOW INJURY OCC						VEN IN PAR	- 1		AUTOPSY PRMED? NO A
MEDICAL CE	20c. TIME OF INJUR Haur a. m. p. m.		Whil	INJURY OCCURRED Not while of work	20e. PLAC facto	CE OF INJURY (Harry, street, affice b	ome, form oldg., etc.	20f. (City	or town)	(Co	unty)		(Stote)
	actual signature EXAMINER'S NAME (Type) DISTINATION REMOVAL (Specify) BULLIS I	May 6. 1	O J O J O J O J O J O J	20 NAME OF CEME Federal	ident [J. Suicide M.D. CHIEF ME ASSISTAN' DEPUTY M CREMATORY Cometery	DICAL EX	Homicide IAMINER AL EXAMINER EXAMINER 22d, LOCA Fede	Undete	or county)	ئى rlan	DATE S	-58
	J. Framp		n, Fe	deraksburg	Mar	yland 2		D BY REGIST		STRAR'S SH	GNATUI	RE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5505 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

05498

Rea. Dist. No.

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eral be file	
C -	

40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by be retained by the harmonic certificate has been signed by the attending physician and campletely filled in by the funeral for, ge 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with a removal, and in any event within 72 haurs after death.

	TO F	od	2,0
		5 (4) 1/57	

1. PLACE OF 0. COUN		ne	MARYL	AND	2. USUAL RES o. STATE	Mary.	ere deceased land	lived. If institution b. COUNTY	Car	oli	ne	ion)
RURAL	OR TOWN (If outside corpore ond give neores! town) "EEDS DOTO"	ate limits, write	c. LENGTH OF STAY II			town (If or		ote limits, write R	URAL ond g	ive near	est fown	1)
d, NAME OR IN	OF HOSPITAL (If not in hos STITUTION	pilot, give stree None	n address)		d. STREET		one			e.	ON A	FARM2
3. NAME OF DECEASE (Type or)	D en	First	Middle E •		Draper		4. DATE OF DEATH	5 ^{Mon}	th 2	27 ^{Day}	1	58
s. sex Mal		e wipor	RRIEDA. NEVER MARRIED	ō	8. DATE OF BIRT	1875		9. AGE (In years lost brithday) yrs.	Months		F UNDE Hours	R 24 HRS. Min.
anima i	occupation (Give kind of mast of working life, even if a Laboror	work done 10 retired)	None	INDU		rylan	-	untry)		S.		COUNTRY
13. FATHER'S	Richard	Drape	er		14. Mother	s MAIDEN N.		Richard	s			
15. WAS DEC	CEASED EVER IN U. S. ARME		None	1	offie I	Drape:	r Gr	reensbo		Mary	yla	nd
Condi	PART I, DEATH Enter only PART I, DEATH WAS CAUSE IMMEDIATE CA 20 / tions, if ony, which rise to immediate	D BY:	Coro:	rie				ovascul	ar		RVAL BE	
ZOO. ACO	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DER	206. DE	Dise: General Contributing to Deat	H BUT	Arter NOT RELATED TO				EN IN PART		PERFO	AUTOPSY RMED? NO
3 20c. TIMI		y, Year 20d. Whil		POe. PL/ Foo	ACE OF INJURY	(Home, form, se bldg., etc.)	20f. (City	or town)	{C	ounty)		(State)
actual signatu	URE Sleerly	X J	58 and that a	death	m.D. Br	5.A.	_M, fram	eet, city or town,	nd an th	e date	state	deceased ed abave. TE SIGNED
220. BURIAL,	CREMATION, 226. DATE 1	HEREOF	22c. NAME OF CEMET Mt. Oliv		R CREMATORY	and the file did not like the case of	near	Goldsb	or county)	Md	(State	e)
23 FUNERAL	Salvala Signature	is &	Progrado	20	med.	24e. REC'D	BY REGISTR		strar's slg	TURE		

THE RESERVE OF THE PARTY OF THE The state of the s His Bright of Market and the Artist E. Other States and Licens and the contract of the * * * *

	M		^	DEPARTA				IMORE, 1	8	0.5	400
L		550	b	CERTIFIC	ATE OF E	DEATH	1		Reg. Dist. 1	700	199
1,	PLACE OF DEATH COUNTY CAROLIN	E		MARYLAND	2. USUAL RESI	DENCE (Wh	ore deceased	lived. If institution b. COUNTY	Oni Residence b	efore admiss	rian)
	CITY OR TOWN (If outside corpo RURAL and give neares yown)		1.1	HOF STAY IN 16	c. CITY OR			ote limits, write R	URAL and give	nearest low	n)
I.K	d. NAME OF HOSPITAL (If not in he or INSTITUTION	soital nive	USTON	BRANCH	d. STREET A	DDRESS	36X :	252		ON A	SIDENCE FARM?
	NAME OF DECEASED (Type or print)	First Mark		Middle Eskrid	los ge	at	4. DATE OF DEATH	MAY	15	/	Yeor 1958
5.	TEMALE WHY	-	MARRIED NE	VER MARRIED	B. DATE OF BIRT	1518	83	P. AGE (In years last birthday)	Months Day	AR IF UND	
L	USUAL OCCUPATION (Give kind during most of working life, even in HAUSE WIFE FATHER'S NAME		OWN L	HOME	DEL	AWK	TRE.	untry)	12. CITIZEN	SA	COUNTRY
10.	WILLIAM	CAF	RMEA	NS	SAR	AH	LITT	LETON	J		
15. (Ye	WAS DECEASED EVER IN U. S. ARA			CURITY NO. 17.	CIA WO	THE	RS-F	EDERAL		G. W	ID
	18. CAUSE OF DEATH [Enler onl PART I, DEATH WAS CAUS IMMEDIATE O	ED BY:	per 10 for (a). (b), ghd, (c).]	VasCul	19x-C	Rena	1 Des	(631- 1)	NTERVAL BE	TWEEN DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	(b)	Un	wale	grd a	rte	eno	cleron	Lo 1	6	7 473
ATION	PART II. OTHER SIGNIFICA	(c) NT CONDITION	ONS CONTRIBUTI	ING TO DEATH BU	JT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART HO	PERFO	AUTOPSY DRMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMPLE)	DEATH MINER)	DESCRIBE HOW	/ INJURY OCCUR	RED. (Enler nature a	of injury in F	Part I or Part	It of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, D Haur a.m. p. m.		20d. INJURY OCC While Not wat work of wo	1 1	PLACE OF INJURY E factory, street, affici	(Home, form a bldg., atc.	20f. (City	or town)	(Coun	ity)	(Stote)
	21. I certify that I attend alive an Mary L	ed the de	140/	1	th occurred at	1. to_ 8	M, from ADORESS (SIM	the causes of the cause of		date state	
	PHYSICIAN'S W. E	120	PNNO	NM	0 4	ede	rable	ing ,	hnd.		
L	BURIAL CREMATION 226. DATE	THEREOF	158 00D	NE OF CEMETERY	OR CREMATORY		SEAT	ONStity, town,	ELAU	JARE	
23.	CURCUL DIRECTOR'S STOCKHOIRE	سيال	ADDI	ress ralabur	E. Ma.	240. REC'I	1 9 158	AR 24b. REGI	STRAR'S SIGNA	TURE	

CENTRICATE OF DEATH. · ()

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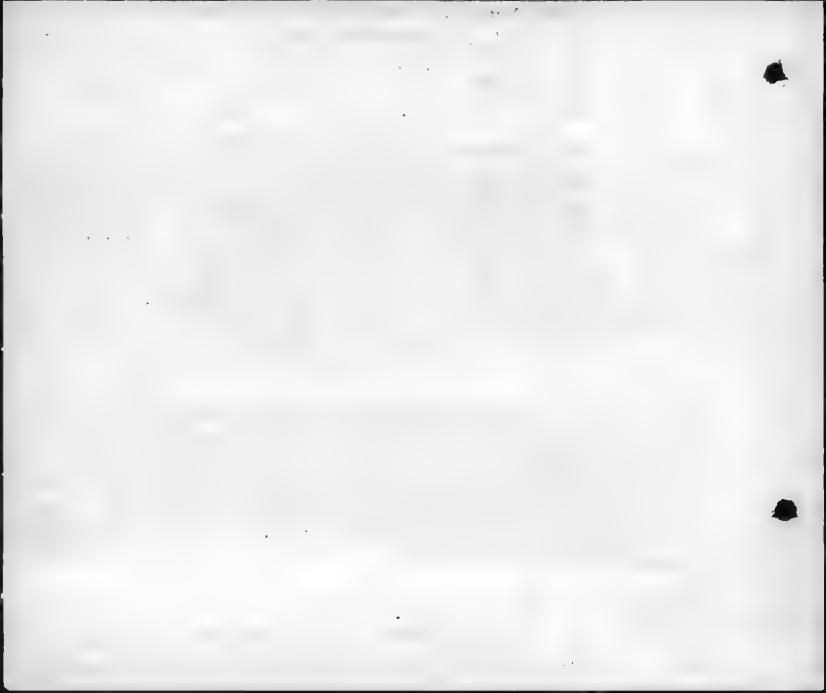
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5507

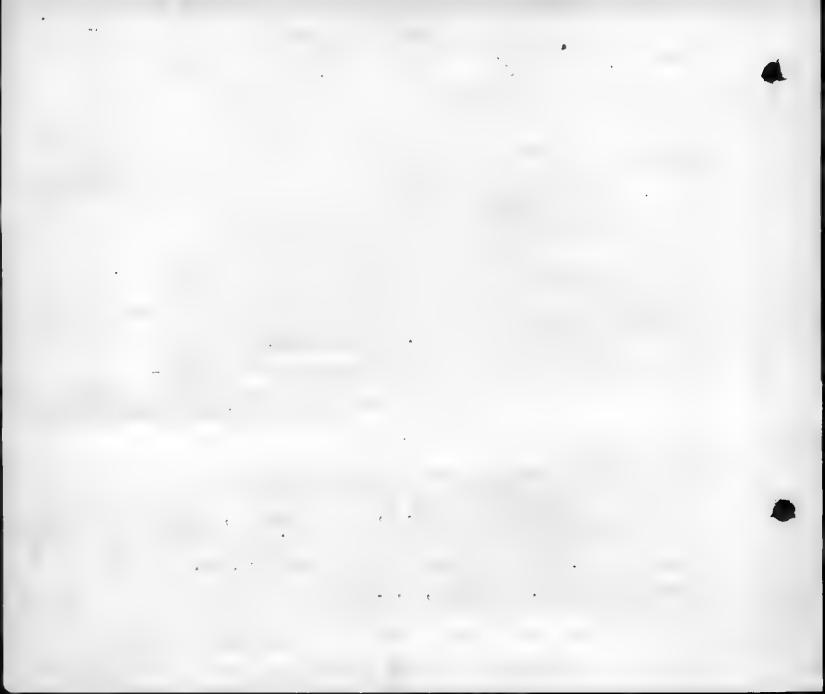
CERTIFICATE OF DEATH

05500 Reg. Dist. No.

1. PLACE OF DEATH				2	USUAL RESID	ENCE (Whe	ere deceased	lived If instituti		nce before o	dmission)
a COUNTY	Car	olin	e MAR	YLAND	o. STATE	aryl	a nd	b. COUNTY		Carol:	ine
RURAL and give		its, write	c. LENGTH OF STA					ole limits, write f	URAL ond	give nearest	town)
	Ridgely TAL (If not in hospital,)		43 Yrs				dgelj	7		1 1	
OR INSTITUTION	None	live street	adaress)	/	d. STREET AL	DOKE22	Nor	ne		0	RESIDENCE ON A FARM? S NO [
3. NAME OF DECEASED	Fi	rst	Middl	le .	Losi		4. DATE	Mor	ith	Day	Year
(Type or print)	Milton		William	ı Fl	eming		OF DEATH	5	5	13	1958
5 SEX	6. COLOR OR RACE	7 MARR	HEDE NEVER MARE	RIED 8 C	ATE OF BIRTH		5	AGE (In years lost birthday)			NDER 24 HRS
Male	White	WIDOWE	DIVORC	ED 🗌 8	3/7/19	14		43 yrs	Months	Days Ho	ours Min
Hand was to the	ION (Give kind of work or kind of entered eliment)	done 10b.	None	OR INDUSTRY		ylan		intry)		S.A.	HAT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S						
<i>></i>	Rylon Fl	emin	g				Ina I	Buckle			
15. WAS DECEASED EN	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	1777		Flem	ing	Ridgel	y I	laryl	and
Conditions, if gove rise to couse (o), stating lying cause lost	immediate DUETO	as a	ne for (o), (b), and (c	Da	sel,	3-se	y of			ONSET	RESTWEEN OF AND DEATH
O PART II O	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO D	EATH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAI	PI	VAS AUTOPSY ERFORMED?
O (IF EITHER, NOTIF	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	20b. DES	RIBE HOW INJURY	OCCURRED. (I	inter nature of	injury in Po	ort i or Port	II of item 18)			<u> </u>
Y 20c TIME OF INJU	10	ar 20d. It While ot work	Not while of work	20e. PLACE factory	OF INJURY IH	iome, farm, bldg., etc.]	20f. (City	or town)	(County)	(State)
actual SIGNATURE	hat I attended the	195	S, and the	death oc	curred of	:50P		-2	and on t	last saw he date s	the deceased total above. DATE SIGNED
PHYSICIAN'S NAME (Type)	C.H.W		NACOT								
220 BURIAL CREMATI REMOVAL (Specify BUTIAL		S S	Greenst	•	REMATORY		-	on (City, town,			(Stote)
23 FUNERAL DIRECTO	R'S SIGNATURE	01	ADDRESS	/ V I V		24a. REC'D	BY REGISTR		STRAR'S SI		Tru-
17-6.13en	ulain x	Tro	enson	11. 7	Mel.	DATEMAY	2 0 '58	all	Loss	ich	



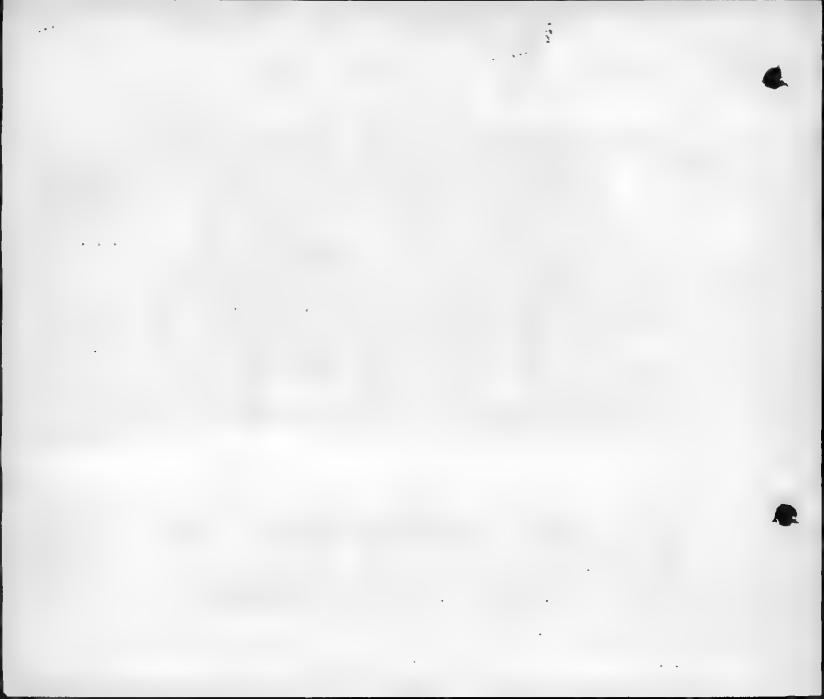
1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4 05		55 8 CERTIFICATE OF DEATH	. No. 05501
Page		PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE DIVIDING COUNTY b. COUNTY	
funeral uld be	1	SOLOTY OR TOWN (If aviside carporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN of aviside corporate limits, write RURAL and give nearest fown) A U J J J J J J J J J J J J J J J J J J	re negrest town)
by the		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION g STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
n 24 ha filled ir jes 1 ar	3	NAME OF DECEASED OF NORTH WESTEY HARRIS OF DEATH WHOTH OF DEATH WAS A DATE OF DEATH WAS A DEATH WAS A DEATH OF DEATH WAS A DEATH OF DEATH	3/ 1958
be executed within and completely from papers. Pager er death.		WIDOWED DIVORCED DIVO	YEAR IF UNDER 24 HRS.
nd cam on pape death.	1	WELL DIGER WATER MAISILANI)	EN OF WHAT COUNTRY
0 0 0 E		I. FATHER'S NAME TICHMAN HARRIS 14. MOTHER'S MAIDEN NAME EMMA F. STAYTO	011
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANFORMANT (19, 70, or unknown) 19 year, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. ANFORMANT (19, 70, or unknown) 19 year, give wor or dates of service) 17. Address 1	De Tong had
attending attending n please n t within 72		18. CAUSE OF DEATH [Enter only one couse per line for {a}, (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Disease	INTERVAL BETWEEN ONSET AND DEATH
y the The even		DUE TO	
ned by ermit.		Conditions, if ony, which gove rise to immediate course (c), stoting the under DUE TO Carditia	
requian. In signal in signal in sit pand i		tying cause last.) (c) Rheumatic Cardiavascular Diseasce	
hysic s bee 3l-fra val,		PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
remo	1	200, ACCIDENT WAS INDERLYING TO 200 DESCRIBE HOW INVIDED OCCURRED (Extra place of injuries and the first life of the second	YES NO
tifica s she n, ar	N CEPT		
is cer is cer is cer is use a	MEDICAL		unly) (Slote)
ied of solutions		21. I certify that I attended the deceased from Nov. 9, 1954, to May 31, 1958, that I to alive on May 30, 1958, and that death accurred at 8 As M from the course of the second of the s	
detacl		ADDRESS (Street, city or lown, stote)	date stated above DATE SIGNED
i b m d		SIGNATURE Wille X Newsylv MD. Greensbero, Md. 6	3/58
AL thau trar		PHYSICIAN'S Charles H. Stonesifer, M.D.	
may be O FUNER Poge 33	L		(State)
 ■S A15 (4)	23	THUNERAL DIRECTOR'S SIGNATURE ADDRESS	ATURE
15M 9/55	-	1 111	

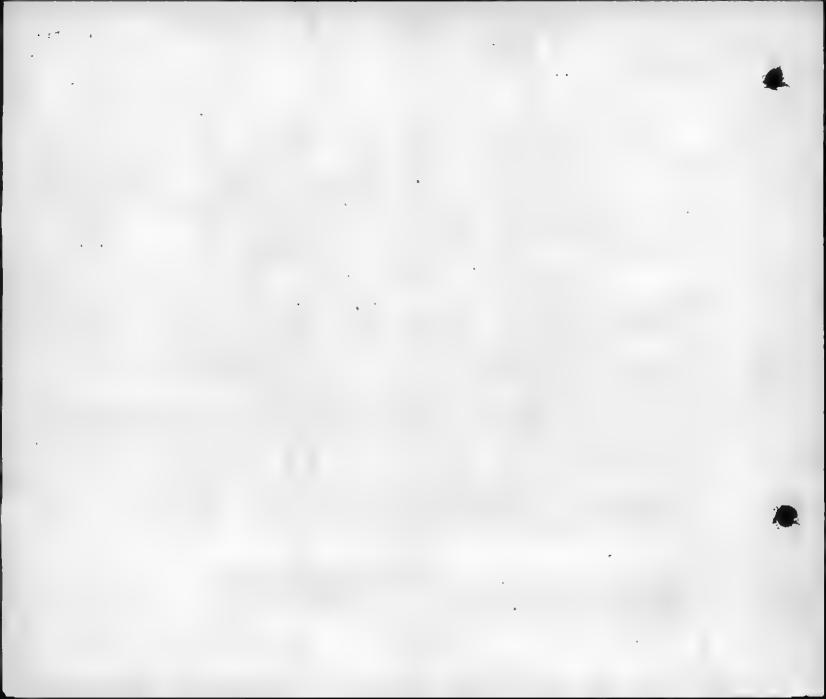


CAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please This fifteete, which is the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page on The Pages of the first of the fi		1	. 3
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ertific	IREC	D D	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, with the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page execute the certificate, with the funeral for our fill the following the	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hear	or its designalled agent, prior to burial, cremation, or remarkal, and in any event within 72 hours after death.	
EPUT scute	CNE	its de	
TO D	10.	0	

VS ATSME BM 2 57

1, PLI	ACE OF DEATH		5.09	***************************************		Z. USUAL RESIDENCE				
	Og	roline		M	ARYLAND	o. STATE	aryland	6 COUNTY	Uaroli	110
ьс	CITY OR TOWN (II	on - Rural	e RuffAt	Life	TAY IN 16	c. CITY OR TOWN	eston -	Rural	JRAL and give r	eorest fawn)
d. N	NAME OF HOSPIT Back	Landing Ro	of not in hosp	pital, give street ed	idress)	d. STREET ADDRES	s ck Landi:	ng Road		e IS FES D ON A E YES 🔀 N
DE	CEASED pe or print)	fin Har		Elmer		lost lahan	4 DATE OF DEATH	Month May	Doy 15	Yeor 195
5. SEX	Male	6 COLOR OR RACE White	7 MARRIE		-		895		FUNDER TYEAR	Hours M
10o U duri	ISUAL OCCUPATION MORE	ON (Give kind of work on his life, even if retired)	done 10b. K	IND OF BUSINESS Farm Own			-	Maryland	U.S.	
13. FA	ATHER'S NAME	H. McMahan			Ţī.	4. MOTHER'S MAIDE	N NAME		1	
15. W (Yes, no		ER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY		DRMANT	ten or or extensions	Address	Marrilar	, al
18	NO B. CAUSE OF DEA	TH [Enter only one cou	Ur	nknovn for (o), (b), and (c),		hnny J. M	1	,	INTE	EVAL BETWEEN ET AND BEATH
9 (1	NO 8. CAUSE OF DEA PART I. DEA' 9 7/6 R Conditions, if of the course for the	TH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO The country which (b) digital country which (b)	Ur	Tor (a), (b), and (c).	hof	tel	s to y	bran	INTEGNS ONS	PAL SETWIEN ET AND DEATH D
AEDICAL CERTIFICATION	PART II. OTH PART III. OTH PART II. OTH PART III. OTH PART II	TH [Enter only one court was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Only, which (b) diote couse underlying DUE TO ter SIGNIFICANT CON USE WAS NTRIBUTING [] RY Month, Doy, Yee	DITIONS CO DESCRIBE DOT 20d, III White of wor	INTRIBLTING TO D HOW INJURY OCCUPATION Not while of work of the of work of the or work of the	CURRED (Enle	T RELATED TO THE THE TREATED TO THE	RMINAL DISEASE I	CONDITION GIVEN Item 18; L. President of the control of the cont	INTEGNS ONS	P. WAS AUT PERFORMI VES N
* EDICAL CERTIFICATION SECOND STATEMENT STATE	PART II. DEA' PART II. DEA' PART II. DEA' PART II. DEA' Conditions, if or pove rise to imme o), storting the course lost. PART II. OTH C	TH [Enter only one courth was Caused BY: IMMEDIATE CAUSE (o) DUE TO Only, which diote couse underlying DUE TO (c) HER SIGNIFICANT CON USE WAS NTRIBUTING [] RY Month, Doy, Yes To 19,	DITIONS CO DESCRIBE DOT 20d. II White af the r Natural c	INTRIBLTING TO D HOW INJURY OCCUPATION THE DAY OF WHILE THE OF WORK BE THE	DEATH BUT NOT	T RELATED TO THE TE	RMINAL DISEASE I	CONDITION GIVEN Them 18; L Paul L Poul Conno pection Q. J. Undeterm	Internation of the confidence	P. WAS AUT PERFORM YES N





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5511 CERTIFICATE OF DEATH CERTIFICATE OF DEATH

05504

								Keg. Dist.	No. '	-
1. PLACE OF DEATH o. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMARYLAND b. COUNTY Caroline						
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RICE IN The REST				X	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ridgely					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None					/ d. street address None .					FARM?
3. NAME OF DECEASED (Type or print)	J.	Sa	unders	4. DATE OF DEATH	Mon 5	th 2	500	Yeor 19 58		
s. sex Male	Till to at the m	MARRIED N	EVER MARRIED [TE OF BIRTH 1/7/1867		9. AGE (In years largement) yrs.		YEAR IF UNDE	
Horse"Tr	106, KIND OF NOT		DUSTRY	TRY 11. BIRTHPLACE (State or foreign country) Michigan			U.S.A.			
13. FATHER'S NAME James Saunders					14. MOTHER'S MAIDEN NAME Eunice A. Reed					
15. WAS DECEASED ET	VER IN U. S. ARMED FORCES	None		Fan	mant ny Marvel	l Ri	dgely,		and	
	g the under-	Jer Jer	eco Solo	no see	tic Hea y Curu	no S	Seas.	<	INTERVAL BE ONSET AND THE B	
CATION	OTHER SIGNIFICANT CONDIT				RELATED TO THE TERMI			EN IN PART 1	PERFO	AUTOPSY PRMED? NO []
20c. TIME OF INJU	10	of work 🔲 of 🖣	while prk	PLACE Clactory.	DF INJURY (Home, form street, office bldg., etc	20f. (City	or lown]	(Cou	onty)	(State)
alive on_A	hailes	1200 Ce Vinnaco	and that dea	c. T		M, from	the causes of reet, city or town.	nd an the		
REMOVAL (Specif	5/28/58	Green Green	ME OF CEMETERY		MATORY	-	on (City, town, o		ools)	
27. FUNERAL DIRECTO	Perlacy &	Broom	Alozo	m		D BY REGIST	'58 246 (REGIS	STRAK'S SIGN.	ATURE	

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VS A15 (4) 15M 10/57

SPECIAL STATE OF STAT COLUMN DELTAIN TARREST OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN A PROPERTY OF THE PARTY OF THE A STATE OF THE PROPERTY OF THE The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. () 5 5 11 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution! Residence before admission) o. COUNTY Q. STATE b. COUNTY MARYLAND b. CITY OR JOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside sorporate limits, write RURAL and give nearest town) 5 0 RURAL sind give nearest, lawn) the funs d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF First Middle 4. DATE Losi Day Year DECEASED (Type or print) DEATH 19 IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Min. Hours DIVORCED [WIDOWED comple papers. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo show wh after 13. FATHER'S NAME 14. MOTHER'S THAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war at dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Ō. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) CC 26 DUE TO by permit. Conditions, if any, which signed gove rise ta immediate DUE TO couse (a), stating the underono o lying cause last. burial-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY removal, PERFORMED? YES [T] NO F 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a. fl. While Not while 19 at wark of work / p. m. Po 21. I certify that I attended the deceased from that I last saw the deceased roch and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED should be del ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNERAL 69 220. BURIAL, CREMATION, 22b. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) page (State) RPMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE JUN

death.